

INSURANCE PLAN 2023-24
Dependent Enrollment for INTO
OSU & International Students

Student Health Services 850 SW 26th Street Corvallis, OR 97331 P 541-737-7600 Studenthealth.oregonstate.edu

Student Last Name	First Name		University St	udent ID	
		Date of Birth:			
			Address		
☐ An Internationa	al Student				
☐ An INTO OSU	AE/PW Studen	t			
☐ An Internationa	al Graduate Stu	dent without an Assistantshi	р		
There is a premium characterista premium ch	•	dependent added to the plate Cost per Dependent \$ 1428.00 \$ 1428.00 \$ 1428.00 per child ca		<mark>ident premium.</mark>	
		23 Winter 12/23/23 -3/24/24		ļ	
am enrolling my depende	ent(s) for the fo	ollowing term:			
☐ Fall Term ☐ Winte	r Term □ Sp	oring Term			
would like my student ac	count automat	ically billed during open e	nrollment for the follov	ving term(s)	
☐ Fall Term ☐ Winte	r Term □ Sp	oring Term			
ADDING DEPENDENTS					
Family members I would like	to cover on my	health insurance plan:			
_ast name, First name		Gender	Relationship	Date of Birth	
_ast name, First name		Gender	Relationship	Date of Birth	
_ast name, First name		Gender	Relationship	Date of Birth	

OREGON STATE UNIVERSITY Conditions of Enrollment

ENROLLMENT for International students: I understand that the insurance premium will be <u>automatically charged</u> to my OSU student account if I am registered as an OSU International student with a minimum of one credit. <u>DEPENDENTS</u>: I understand that I may add dependents to this form during Open Enrollment. <u>OSU requires all non-resident international students and their dependents (living in the U.S.) be covered by health insurance. The health insurance must meet, state and OSU requirements. **You must re-enroll your dependents every term. The premium rates listed are valid from 9/11/23 to 9/10/24.**</u>

BILLING AND PAYMENT DEADLINE: I understand the insurance premium will be billed to my OSU student account. It is my responsibility to pay the premium amount for any term I enroll in on or before the final date of Open Enrollment for that term. I must make my payment directly to the Cashier's Office in the Kerr Administration Building (they accept check and cash payments only, no credit cards) or online at mybill.oregonstate.edu For more information regarding paying for the health insurance please access the OSU Cashiers website at fa.oregonstate.edu/business-affairs/studentbilling

COVERAGE BEGINS: according to the published dates listed at http:studenthealth.oregonstate.edu/insurance under the insurance tab.INTERNATIONAL STUDENT WAIVER OPTION: I understand that I may submit a waiver with the required documents if I have my own insurance during Open Enrollment. (See waiver requirements for details). If approved, the insurance charge will be removed from my student account. Waivers will not be accepted after the deadline.

CANCELING INSURANCE If I want to cancel my health insurance purchase it is my responsibility to contact the OSU Student Health Insurance office before the Open Enrollment deadline. Refunds will be made to me via a credit to my student account.

PREMIUM REFUND POLICY: After 31 days from the effective date of the plan, you will be covered for the full period that you have paid the premium for, and no refund will be allowed.. No premium will be refunded if you have been seen at Student Health at OSU or have seen an outside medical provider for services.

Insured students entering the armed forces of any country will not be covered under the plan as of the date of such entry. Those students withdrawing from school to enter military service will be entitled to a prorated refund of premium upon request.

CONTACT INFORMATION: I understand OSU Student Health Insurance uses the email and mailing addresses I keep on file at the Registrar's office. It is my responsibility to update my addresses should they change. For information at OSU, call (541) 737-7600 or OSUstudent.insurance@oregonstate.edu or at PacificSource (855) 274-9814 or at pacificsource.com/osu

Signature	